## **EXHIBIT C**

Case 06-10725-gwz Doc 8310-3	Ente	ered 04/11/11 15:0	5:32 Page 2 of 11	
UNITED SHARIES EANIGRUPHOY FOUR IS DISTRICT OF HEVADA		OF OF CLAIM		
Name of Debtor	Case Nu	mber	7	
USA Commercial Mortgage Company	06-107	25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503  Name of Creditor and Address  SUSSKIND, ROBERT 9900 WILBER MAY PKWY #206 RENO NV 89521		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars  Check box if you have never received any notices from the bankruptcy court or BMC Group in this case.  Check box if this address differs from the address on the envelope sent to you by the	DEBTORS YOU DO NOT HAVE TO FILE A PROOF OF CLAIM THIS INCLUDES MONEY FROM THAT BORROWER HELD IN THE COLLECTION ACCOUNT DO NOT FILE THIS PROOF OF CLAIM FOR A SECURED INTEREST IN A BORROWER THAT IS NOT ONE OF THE DEBTORS	
Creditor Telephone Number ( ) 775 846 - 6407		court	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies of	lebtor	Check here replains replain replains re	a previously filed claim dated	
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a) In Unremitted principal	
Goods sold Personal injury/wrongful death		alanes, and compensation	(fill out below)	
Services performed Taxes	-	digits of your SS #	(not for loan balances)	
Money loaned Other (describe briefly)  FRAUD / BREACH / INTER	Unpaid c	ompensation for services p	erformed from to	
2 DATE DEBT WAS INCURRED 6/04 & LATER		OURT JUDGMENT, DATE		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations		·=·	ount of the claim at the time case filed	
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$ 306, 214 PLUS LINEST  Check this box if a) there is no collateral or lien securing your claim or b) your claim exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority  UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is entitled to priority  Walle of Collateral  Value of Collateral  Value of Collateral				
Amount entitled to priority \$		Amount of arrearage a	and other charges at time case filed included in	
Specify the priority of the claim		secured claim, if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)  Wages salaries or commissions (up to \$10,000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4)  Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		services for personal family, Taxes or penalties owed to g Other - Specify applicable pa * Amounts are subject to adju	vard purchase lease or rental of property or or household use 11 U S C § 507(a)(7)  overnmental units - 11 U S C § 507(a)(8)  ragraph of 11 U S C § 507(a) ( )  ustment on 4/1/07 and every 3 years thereafter inced on or after the date of adjustment	
5 TOTAL AMOUNT OF CLAIM \$ 306, 214 \$		\$	\$ 306,214	
AT TIME CASE FILED (unsecured)  Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach it	( priority) (Total) emized statement of all interest or additional charges	
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim				
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, c	, prevailin	g Pacıfic tıme, on Noveml	per 13, 2006 USE ONLY	
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BY HAND ( BMC Grou Attn USA	OR OVERNIGHT DELIVERY TO TO CM Claims Docketing Cent	• FLED JAN 0 8 2007	
1		Franklin Avenue to CA 90245		
DATE SIGN and print the name and title if any of the creditor or other person authorized to file				
TAN 7, 2007 the claim (attach copy of bower of attorn		KIND	USA CMC	

## FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	DISTRICT OF Manada			
	DISTRICT OF Nevada	PROOF OF CLAIM		
Name of Dubtor	Case Number			
USA Commercial Merticace Con	n. 06-10725-LBR			
NOTE This form should not be used to make a claim for an admini	strative expense arising after the commencement			
of the case. A request for payment of an administrative expense ma	ay be filed pursuant to 11 U.S.C. § 503			
Name of Creduct (The serion or other energy to other the	Check how of your one course that arrive			
Name of Creditor (The person or other entity to whom the dubtor owes money or property)	Check box if you are aware that anyone else has filed a proof of claim relating to			
Tarny R. Helms Liv'ns Trust	your claim Attach copy of statement			
dated Ululay	giving particulars			
Nam	Check box if you have never received any			
Terry Helms	notices from the bankruptcy court in this			
809 Úpland Blvd Las Vegas, NV 89107 3719	Case. Check box if the address differs from the			
	address on the envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY		
Telephone number 702 - 258 1044	the court.	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor	Check here replaces			
identifies debtor	if this claim amends a previously filed	ciaim dated		
1 Basis for Claim	Retiree benefits as defined in 11	USC § 1114(a)		
Goods sold	Wages salaries and compensati	оп (fill out below)		
Services performed	Last four digits of your SS #			
Money loaned Personal injury/wrongful death	Unpaid compensation for service	es performed		
	fromto			
Other See Exhibit	(date)	(date)		
2. Date debt was incurred	3. If court judgment, date obtained			
4 Classification of Claim. Check the appropriate box or boxes th	hat hest describe Your claim and state the amount of	f the claim at the time care Glad		
See reverse side for important explanations		the claim at the time case mea		
Unsecured Nonpriority Claim \$5577877,40	Secured Claim			
Check this box if a) there is no collateral or lien securing you	Check this box if your claim is	secured by collateral (including		
I D) your claim exceeds the value of the property securing it, or if c)	none or a right of setoff)			
only part of your claim is entitled to priority	Brief Description of Collateral			
Unsecured Priority Claim	Real Estate Motor Ve			
Check this box if you have an unsecured claim all or part of y	Which is Value of Collateral \$ CN	Known		
entitled to priority	Amount of arrearage and other charge	es at time case filed included in		
Amount entitled to priority \$	secured claim if any \$82,6	55 56		
Specify the priority of the claim	Up to \$2,225* of deposits toward purel or services for personal family or house	nase lease or rental of property		
Domestic support obligations under 11 U S C § 507(a)(1)(A) c (a)(1)(B)	§ 507(a)(7)	11000		
l m	Taxes or penalties owed to government	al units - 11 USC § 507(a)(8)		
Wages salaries, or commissions (up to \$10 000),* carned with	180 ==			
days before filing of the bankruptcy petition or cessation of the debtor s business whichever is earlier 11 USC § 507(a)(4)  *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter				
Contributions to an employee benefit plan 11 U S C § 507(a)(5)  With respect to cases commenced on or after the date of adjustment.				
5 Total Amount of Claim at Time Case Filed	5577 877.4°55 72 877.4°0	San 40 740		
	(unsecured) (secured) (pr	5 <u>57787</u> 740		
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.				
6. Credits The amount of all payments on this claim has been	n credited and deducted for the purpose of	HIS SPACE IS FOR COURT USE ONLY		
making this proof of claim		no other to the CORE UNIONLY		
7 Supporting Documents Attach copies of supporting documents, such as promissory notes purchase				
orders invoices itemized statements of running accounts contracts, court judgments mortgages, security				
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the				
documents are not available explain. If the documents are voluminous, attach a summary    ILED JAN 1 2 2007				
8. Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-				
addressed envelope and copy of this proof of claim				
Date Sign and print the name and title, if any, of file this claim (attach story of power of attach	the creditor or other person authorized to			
file this claim (attach edpy of power of atto	imey, if any),	USA CMC		
11/11/01/7/2017	T /			
1 /Kry/The/ms	rustee			

DISTRICT OF NEVADA	Ph	OOF OF CLAIM			
DISTRICT OF NEVADA			YOUR CLAIM IS SCHEDULED AS		
Name of Debtor	Case Nu	ımber	Schedule/Claim ID s32654		
USA Commercial Mortgage Company	06-107	725-LBR	Amount/Classification		
	ľ		\$10 033 44 Unsecured		
NOTE See Reverse for List of Debtors and Case Numbers	<u></u>	П			
This form should not be used to make a claim for an administrative ex arising after the commencement of the case A request for payment		Check box if you are aware that anyone else has			
administrative expense may be filed pursuant to 11 USC § 503		filed a proof of claim relating to your claim. Attach copy of	The amounts reflected above constitute your claim as		
Name of Creditor and Address	001740	statement giving particulars	scheduled by the Debtor or pursuant to a filed claim If you agree with the amounts set forth herein and have no		
TOBIAS VON EUW REVOCABLE TRUST DATED	JU174U	Check box if you have	other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below		
11/23/04		never received any notices from the bankruptcy court or	If the amounts shown above are listed as Contingent,		
C/O TOBIAS VON EUW TRUSTEE 2448 LARK SPARROW ST		BMC Group in this case	Unliquidated or Disputed, a proof of claim must be filed		
LAS VEGAS NV 89084 3726		Check box if this address differs from the address on the	If you have already filed a proof of claim with the		
Control Tolono No. 1 7000 C C UNHA		envelope sent to you by the court	Bankruptcy Court or BMC you do not need to file again		
Creditor Telephone Number 123 838-4046  Last four digits of account or other number by which creditor identifies	debtor		THIS SPACE IS FOR COURT USE ONLY		
and a descent of other number by which deditines	305101	Check here replace or if this claim amer	a previously filed claim dated		
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a) 🛛 Unremitted principal		
Goods sold Personal injury/wrongful death		salaries and compensation (			
Services performed Taxes		r digits of your SS# O3	7.00		
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe			
2 DATE DEBT WAS INCURRED	3 IF C	OURT JUDGMENT, DATE C	(date) (date)		
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that					
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM			
Check this box if a) there is no collateral or lien securing your claim or b) y	your claım		our claim is secured by collateral (including		
exceeds the value of the property securing it or if c) none or only part of you entitled to priority	ur claim is	a right of setoff)	i onlinta ent		
UNSECURED PRIORITY CLAIM		Brief description of	•		
Check this box if you have an unsecured claim all or part of which is		Real Estate	· · · · · · · · · · · · · · · · · · ·		
entitled to priority  Amount entitled to priority \$		Value of Collateral			
Specify the priority of the claim		secured claim if any	nd other charges <u>at time case filed</u> included in \$		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			ard purchase lease or rental of property or		
Wages salaries or commissions (up to \$10 000)* earned within 180 days	<u> </u>	services for personal family o	r household use 11 U S C § 507(a)(7)		
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)			vernmental units 11 U S C § 507(a)(8)		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	<u></u>	-	agraph of 11 U S C § 507(a) ( ) atment on 4/1/07 and every 3 years thereafter		
E TOTAL AMOUNT OF CLASS		with respect to cases commen	ced on or after the date of adjustment		
5 TOTAL AMOUNT OF CLAIM \$ \$ \$ AT TIME CASE FILED		\$	\$ 1,468,967.93		
(unsecured)	•	secured)	(priority) (Total)		
Check this box if claim includes interest or other charges in addition to the					
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS. Attach copies of supporting doc					
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> , such as promissory notes purchase orders, invoices, itemized statements of running accounts, contracts, court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary					
8 DATE-STAMPED COPY To receive an acknowledgment of th proof of claim	e filing of y	your claim enclose a stampe	d self addressed envelope and copy of this		
The original of this completed proof of claim form must be ser ACCEPTED)	nt by mail	or hand delivered (FAXES	NOT THIS SPACE FOR COURT USE ONLY		
BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BMC Gro	OR OVERNIGHT DELIVERY TO up ACM Claims Docketing Cente	FILEW JUN 0 4 ZUU/		
P O Box 911 1330 East Franklin Avenue El Segundo CA 90245 0911 El Segundo CA 90245					
DATE SIGN and print the name and title if any of the	e creditor or	other person arithorized to file	Erme		
June 1-07  SIGN and print the name and title if any of the straight (attaction of the factor of the factor)  Fastricia E, VON Europe (attaction of the factor)	ney if proces	tre links in 5	() Levis USA CMC		
	ne 507789	11 1 1 1 7 1/2/F711/C/FC C			

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRC	OF OF CLAIM	<del>5:32 Pag</del>	<del>6 2 01 11</del>
				e
Name of Debtor	Case Number			,
USA Commercial Mortgage Company	06-107	25-LBR		
NOTE See Reverse for List of Debtors and Case Numbers		Charle have down are	1	
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment of		Check box if you are aware that anyone else has		V AMERICANIES BY A DARROWER
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	Y OWED MONEY BY A BORROWER BEING SERVICED BY THE
Name of Creditor and Address	.	statement giving particulars		DO <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
TOOMBES PATSY	٥	Check box if you have	BORROWER HE	LD IN THE COLLECTION ACCOUNT
P O BOX 11665		never received any notices from the bankruptcy court or		IS PROOF OF CLAIM FOR A
ZEPHYR COVE NV 89448	1	BMC Group in this case	SECURED INTER	REST IN A BORROWER THAT IS NOT BTORS
		Check box if this address differs from the address on the		eady filed a proof of claim with the
Condition Talanhara Number /		envelope sent to you by the court		or BMC you do not need to file again E IS FOR COURT USE ONLY
Creditor Telephone Number ( )  Last four digits of account or other number by which creditor identifies of	debtor	C ronles	·	LIGITOR GOOKT GOL CRET
		Check here replace or if this claim amen	a previously	filed claim dated
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	_	alaries and compensation (	fill out below)	Other claims against servicer (not for loan balances)
Services performed Taxes  Money loaned Other (describe briefly)		digits of your SS#		(not for loan balances)
	. •	ompensation for services per	rformed from	(date) to
2 DATE DEBT WAS INCURRED		OURT JUDGMENT, DATE O	BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that	t best descri	oe your claim and state the amo	unt of the claim at t	he time case filed
See reverse side for important explanations  UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	l	our claim is secu	red by collateral (including
exceeds the value of the property securing it or if c) none or only part of yo entitled to priority	our claim is	a right of setoff)  Brief description of	colleteral	
UNSECURED PRIORITY CLAIM		Real Estate	-	e
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	T IMOTOL A GLUCIE	Other
Amount entitled to priority \$		•	od other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$ 350,0	DO PLUS INTERES
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward	ard purchase lease	or rental of property or
Wages salaries or commissions (up to \$10 000)* earned within 180 days		services for personal family of		• (,,,,,
before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)	님	Taxes or penalties owed to go Other - Specify applicable para		
Contributions to an employee benefit plan 11 U S C § 507(a)(5)	لــا	* Amounts are subject to adjust	stment on 4/1/07 au	nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$		with respect to cases commen	ced on or after the	date of adjustment
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED (unsecured)	le	Ф ecured)	(promb) PO 1	NCIPAL AND
Check this box if claim includes interest or other charges in addition to the	,	,		1 1177 1 (1) 5 ( )
6 CREDITS The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages security a	<i>uments,</i> su agreements	ch as promissory notes pure and evidence of perfection	chase orders inv of lien DO NO	oices itemized statements of T SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the d	documents	are voluminous attach a sur	mmary	
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of yo	our claim enclose a stampe	d self-addressed	l envelope and copy of this
The original of this completed proof of claim form must be sent				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, c				USE ONLY
governmental units)	•	•		
BY MAIL TO BMC Group	BMC Grou	•	FI	LED OCT 0 4 2006
Attn USACM Claims Docketing Center P O Box 911		CM Claims Docketing Cente Franklin Avenue	r	
		o CA 90245		
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn		omer person authorized to file		USA CMC
				1072500437

UNITED STATES BANKRUPTCY COURT	PRO	OF OF CLAIM	
DISTRICT OF NEVADA		•	YOUR CLAIM IS SCHEDULED AS
Name of Debtor	Case Nu	ımher	Schedule/Claim ID s31014
		725-LBR	Amount/Classification
USA Commercial Mortgage Company	00-107	/23-LDR	\$10 238 91 Unsecured
NOTE See Reverse for List of Debtors and Case Numbers	<u> </u>	T T	
This form should not be used to make a claim for an administrative exp		Check box if you are	
arising after the commencement of the case A 'request" for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	aware that anyone else has filed a proof of claim relating	The amounts reflected above constitute your claim as
Name of Creditor and Address		to your claim Attach copy of statement giving particulars	scheduled by the Debtor or pursuant to a filed claim If
113212400	03419		you agree with the amounts set forth herein and have no other claim against the Debtor you do not need to file
CARY TUCH & CAROL TUCH 11445 GERALD AVE		Check box if you have never received any notices	this proof of claim EXCEPT as stated below
GRANADA HILLS, CA 91344 3623		from the bankruptcy court or BMC Group in this case	If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be
		Check box if this address	filed
		differs from the address on the envelope sent to you by the	If you have already filed a proof of claim with the Bankruptcy Court or BMC you do not need to file again
Creditor Telephone Number (8/8 363 - 4633		court court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here repla	ces
		if this claim amer	a previously filed claim dated
1 BASIS FOR CLAIM	Retiree b	penefits as defined in 11 U S	
Goods sold Personal injury/wrongful death		salaries, and compensation	_
Services performed Taxes	_	r digits of your SS #	(not for loan balances)
Money loaned Other (describe briefly)	Unpaid o	compensation for services pe	/
3/15/04 - 4/12/	06		(date) (date)
2 DATE DEBT WAS INCURRED 6/6/5 - 4/1/2 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DATE O	0110100
See reverse side for important explanations	Dest descri	-	it of the claim at the time case med
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM  Check this box if v.	our claim is secured by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you	our claim ir claim is	a right of setoff)	our dam is sociated by conditional (moldaling
entitled to priority		Brief description of	collateral
UNSECURED PRIORITY CLAIM  Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle  Other
entitled to priority		Value of Collateral	\$
Amount entitled to priority \$			nd other charges at time case filed included in
Specify the priority of the claim		secured claim if any	\$
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)			rd purchase lease or rental of property or r household use 11 U S C § 507(a)(7)
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	г	•	/ernmental units 11 U S C § 507(a)(8)
business whichever is earlier 11 U S C § 507(a)(4)			graph of 11 U S C § 507(a) ( )
Contributions to an employee benefit plan 11 U S C § 507(a)(5)			tment on 4/1/07 and every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$	160.1	000 \$	ced on or after the date of adjustment
AT TIME CASE FILED (unsecured)	(s	secured)	(priority) (Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach ite	
6 CREDITS The amount of all payments on this claim has been cre	dited and	deducted for the purpose of a	making this proof of claim
7 SUPPORTING DOCUMENTS Attach copies of supporting docu	<u>uments,</u> su	ich as promissory notes, pur	chase orders, invoices, itemized statements of
running accounts, contracts court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the	agreemen	ts and evidence of perfection	n of lien DO NOT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the			•
proof of claim		·	,
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm	t by mail	or hand delivered (FAXES	NOT THIS SPACE FOR COURT
for each person or entity (including individuals, partnerships,			nd I
governmental units) BY MAIL TO		OR OVERNIGHT DELIVERY TO	191ed Utite 9/27/2006
BMC Group Attn USACM Claims Docketing Center	BMC Gro	up \CM Claims Docketing Cente	9/27/2006
P O Box 911	1330 Eas	t Franklın Avenue	11211200
El Segundo CA 90245 0911  DATE  SIGN and proprine name and trille Thany of the		do CA 90245	
this claim (altath groy) of power at attorn	ey if any)	O A I I I I I I I I I I I I I I I I I I	, USA CMC
1/3/2006		164471111	1079500271
Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment	t for up to 5	years or both 18 USC §§ 15.	2 AND 3571

Case 06-10725-gwz Doc 8310-3 Entered 04/11/11 15:05:32 Page 7 of 11 **FORM B10** (Official Form 10) (10/05)

Unlifd States Bankruptcy Court	District of Nevada	PROOF OF CLAIM
Name of Debtor USA Commercial Mortgage company	Case Number 06-10725-LBR	
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Universal Management Inc ,a Nevada Corporation	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
Name and address where notices should be sent Universal Management Inc 8080 Harborview Road Blaine, WA 98230	Check box if you have never received an notices from the bankruptcy court in this case  Check box if the address differs from the address on the envelope sent to you by	
Telephone number (360)961-4463  Last four digits of account or other number by which creditor identifies debtor	the court.  Check here replaces  If this claim replaces a previously fi	iled claim dated
I Basis for Claim  Goods sold Services performed ✓ Money loaned Personal injury/wrongful death Taxes See Exhibit A	Retiree benefits as defined in Wages salaries and compen Last four digits of your SS # Unpaid compensation for se from	11 U S C § 1114(a) sation (fill out below)
2 Date debt was incurred 06-01-20004	3 If court judgment, date obtained	ed .
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations  Unsecured Nonpriority Claim \$ 719,059  Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority  Unsecured Priority Claim  Check this box if you have an unsecured claim all or part of wentitled to priority  Amount entitled to priority \$  Specify the priority of the claim  Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B)  Wages salaries, or commissions (up to \$10 000) * earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier 11 U S C \$ 507(a)(4)  Contributions to an employee benefit plan - 11 U S C \$ 507(a)	Secured Claim  Check this box if your claim a right of setoff)  Brief Description of Collate Real Estate Moto Value of Collateral \$ U  Amount of arrearage and other ch secured claim if any \$ 10,71  Up to \$2 225* of deposits toward p or services for personal family or if \$ 507(a)(7)  Taxes or penalties owed to governm or s  Taxes or penalties owed to governm or s  Amounts are subject to adjustment on a with respect to cases commenced on	eral r Vehicle Other nknown arges at time case filed included in 2 urchase lease or rental of property nousehold use - 11 U S C nental units - 11 U S C § 507(a)(8) oh of 11 U S C § 507(a)() diff/07 and every 3 years thereafter in or after the date of adjustment
Total Amount of Claim at Time Case Filed     Check this box if claim includes interest or other charges in additional charges	\$ 719,059 719,059 (unsecured) (secured) Iltion to the principal amount of the claim Att	719,059 (priority) (Total) ach itemized statement of all
<ul> <li>6 Credits The amount of all payments on this claim has been making this proof of claim</li> <li>7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contral agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluing the support of the first addressed envelope and copy of this proof of claim.</li> </ul>	ents, such as promissory notes purchase acts court judgments, mortgages, security DORIGINAL DOCUMENTS If the minous, attach a summary	THIS SPACE IS FOR COURT USE ONLY
Date Sign and print the name and title if any, of t file this claim (attach copy of power of attor	he creditor or other person authorized to ney if any) Tariq Chaudhry-President	USA CMC 1072502123

		PRO	OOF OF CLAIM		
Name of Debtor	<u>and the state of </u>	Case Nu	mber		
USA Commerci	al Mortgage Company		Administered Under BK-S-06-10725-LBR		
This form should not be used arising after the commenceme administrative expense may be	of Debtors and Case Numbers to make a claim for an administrative exp ent of the case A "request" for payment e filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and	Address		statement giving particulars		
USA Commercial Real Es c/o Jeffrey R Sylvester, E. Sylvester & Polednak, Ltd 7371 Prairie Falcon Road, Suite 120 Las Vegas, Nevada 89128 Creditor Telephone Number (	sq		Check box if you have never received any notices from the bankruptcy court or BMC Group in this case  Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTE ONE OF THE DE If you have all Bankruptcy Cour	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS ready filed a proof of claim with the t or BMC you do not need to file again CE IS FOR COURT USE ONLY
	ther number by which creditor identifies	debtor	Chack here  replace	ces	
Not A	pplicable		Check here replace of this claim amer	a previous!	y filed claim dated
1 BASIS FOR CLAIM Goods sold Services performed Money loaned	Personal injury/wrongful death Taxes Other (describe briefly)	Wages :	penefits as defined in 11 U S salaries and compensation ( digits of your SS #	fill out below)	Unremitted principal Other claims against service (not for loan balances)
2 DATE DEBT WAS INCURE	RED	3 IF C	OURT JUDGMENT, DATE O	BTAINED	(date) (date)
	IM Check the appropriate box or boxes tha	t best descri	be your claim and state the amo	unt of the claim at	the time case filed
	·		SECURED CLAIM  Check this box if you a right of setoff)  Brief description of		red by collateral (including
entitled to priority	NIM n unsecured claim all or part of which is		Real Estate Value of Collateral	Motor Vehicle	
Amount entitled to priority  Specify the priority of the cla	<b>5</b>		Amount of arrearage ar secured claim if any	nd other charges \$	at time case filed included in
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business whichever is earlie			Other - Specify applicable para * Amounts are subject to adjustith respect to cases comment	agraph of 11 US 0	§ 507(a) ( )  nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAI AT TIME CASE FILED	M \$\$		\$		\$ 10 719 49
	(unsecured) des interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	( priority) mized statement o	(Total) of all interest or additional charges
7 SUPPORTING DOCUM running accounts contracts DOCUMENTS If the docu	all payments on this claim has been cre ENTS Attach copies of supporting doct s court judgments mortgages security ments are not available, explain. If the	<i>uments</i> , su agreements documents	ch as promissory notes purc s and evidence of perfection are voluminous attach a sur	chase orders inv of lien DO NO nmary	oces itemized statements of T SEND ORIGINAL
8 DATE-STAMPED COPY proof of claim	To receive an acknowledgment of th	e filing of y	our claim enclose a stamped	d self-addressed	d envelope and copy of this
ACCEPTED) so that it is a for each person or entity governmental units)	leted proof of claim form must be sen actually received on or before 5 00 pm (including individuals, partnerships, o	, prevailin corporation	g Pacific time, on Novembers, joint ventures, trusts ar	er 13, 2006 id	THIS SPACE FOR COURT USE ONLY
BY MAIL TO BMC Group Attn USACM Claims Dock P O Box 911 El Segundo CA 90245 091	11	Attn USA 1330 East El Seguno	CM Claims Docketing Cente t Franklin Avenue to CA 90245	Pr1	LED JAN 1 3 2007
DATE	IGN and print the name and title if any of the this claim (attach copy of power of attorn	ne creditor or ney if anv)	other person authorized to file		
01/12/2007	Jeffrey R Sylvester Esq Counsel for Joseph M	• • • • • • • • • • • • • • • • • • • •			USA CMC

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

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	SA Commercial Mortgage Company	06-107	25-LBR	1 4 89	1414.18
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	π trat vε expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of		OWED MONEY BY A BORROWER BEING SERVICED BY THE
Nar	ne of Creditor and Address		statement giving particulars		O <u>NOT</u> HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT
	1132124203944	7	Check box if you have		D IN THE COLLECTION ACCOUNT
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}	P O BOX 8012 MAMMOTH LAKES CA 93546	1	from the bankruptcy court or BMC Group in this case		S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
1	WANTO THEATES OA 33540	i	Check box if this address	ONE OF THE DEB	
Ì		į	differs from the address on the		ady filed a proof of claim with the
			envelope sent to you by the court	, ,	or BMC you do not need to file again
	ditor Telephone Number ( ) 760 9345646	debtor		IHIS SPACE	E IS FOR COURT USE ONLY
L I	four die its of account or other number by which creditor identifies of	nepror	Check here replain or if this claim amer	a provincial	filed claim dated
1 3	ASIS FOR CLAIM	Detires h	enefits as defined in 11 U S		Unremitted principal
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<b>2</b> D	ATE DEBT WAS INCURRED 5/05 - 12-6-06	3 IF C	OURT JUDGMENT, DATE C	BTAINED	(42.6)
	LASSIFICATION OF CLAIM Check the appropriate box or boxes that				ne time case filed
1	e reverse side for important explanations		SECURÉD CLAIM		
UN	SECURED NONPRIORITY CLAIM \$	_		our claim is secur	ed by collateral (including
	Cliet kith's box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of you	your claim our claim is	a nght of setoff)		
	entitled to priority		Brief description of	collateral	
UNS	FEURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
	Check this box if you have an unsecured claim all or part of which is intitled to priority		Value of Collateral		
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	Specify the priority of the claim		secured claim if any		at time case med included in
	Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits town	ard nurchage lease	or revial of property or
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5 T	OTAL AMOUNT OF CLAIM \$ \$	2894		iced on or aner the	\$ 289414.18
	AT TIME CASE FILED (unsecured)		secured)	( pnority)	(Total)
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١	REDITS The amount of all payments on this claim has been creatily by a supporting documents. Attach copies of supporting documents.			-	
, ,	unning accounts contracts court judgments mortgages security	<i>amenis.</i> sc agreement	s and evidence of perfection	of lien DO NO	SEND ORIGINAL
) [	DOCUMENTS If the documents are not available explain. If the o	documents	are voluminous attach a su	mmary SEE AD	DENDUM BEC
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	The original of this completed proof of claim form must be sen At CEPTED) so that it is actually received on or before 5 00 pm				THIS SPACE FOR COURT USE ONLY
f	or each person or entity (including individuals, partnerships, o				
į š	jovernmental units) Y MAIL TO		OR OVERNIGHT DELIVERY TO	,	
E	BMC Group Attn: USACM Claims Docketing Center	BMC Gro			ILED DEC 1 1 2006
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E	El segundo CA 90245-0911	El Segun	do CA 90245		
DAT	E SIGN and point the name and title if any of the this claim/ attach copy of power of efforts.	ne creditor or	r other person authorized to file	- 7	USA CMC
10/6/06 / 10/11/12/1					
1		_	- /	l	1072501694

Case 06-10725-gwz Doc 8310-3 Entered 04/11/11 15:05:32 Page 10 of 11 FORM B10 (Official Form 10) (10/05) UNITED STATES BANKRUPTCY COURT DISTRICT OF Nevada PROOF OF CLAIM Case Number COMMERCIAL MORTHAGE CO 06-10725-LBR NOTI: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A request for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Check box if you are aware that anyone Name of Creditor (The person or other entity to whom the debtor owes money or property) DAVID C. WALL else has filed a proof of claim relating to your claim Attach copy of statement A MARRIED MAN, dealing w/ sole & seperate giving particulars Name and address where notices should be sent Check box if you have never received any notices from the bankruptcy court in this PO BOX 8012 case. MAMMOTA LAKES, CAZ Check box if the address differs from the address on the envelope sent to you by THIS SPACE IS FOR COURT USE ONLY Telephone number the court. Last four digits of account or other number by which creditor **V**replaces Check here amends a previously filed claim dated 🔼 106/06 identifies debtor of this claim **Rasis for Claim** Retiree benefits as defined in 11 USC § 1114(a) Wages, salaries, and compensation (fill out below) Goods sold Last four digits of your SS # Services performed Unpaid compensation for services performed Money loaned Personal injury/wrongful death from Taxes SFE exhibit (date) (date) If court judgment, date obtained 2. Date debt was incurred 4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations Secupéd Claim Unsecured Nonpriority Claim 5 72 11 2:4 8 Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or a right of setoff) only part of your claim is entitled to priority Brief Description of Collateral Real Estate Motor Vehicle Value of Collateral SUNKNOWN Other-Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any  $\frac{29/9-7/}{}$ Amount entitled to priority \$\_ Specify the priority of the claim or services for personal, family or household use - 11 USC Domestic support obligations under 11 USC \$ 507(a)(1)(A) or § 507(a)(7) (a)(1)(B) Taxes or penalties owed to governmental units - 11 U S C § 507(a)(8) Wages salaries, or commissions (up to \$10,000),\* carned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U S C § 507(a)(4) Other - Specify applicable paragraph of 11 USC § 507(a)(\_ \*Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment. Contributions to an employee benefit plan - 11 U S C. § 507(a)(5) 5 72112-48 12/12.40 2112.48 Total Amount of Claim at Time Case Filed. (unaccured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.

Credits

Date,

Case 06-10725-gwz Doc 8310-3 Entered 04/11/11 15:05:32 Page 11 of 11 **FORM B10 (Official Form 10) (10/05)** 

UNITED STATES BANKRUPTCY COURT	DISTRICT OF NEVADA	
Name of Debtor USA COMMERCIAL MORTGAGE Co.	Case Number 06-10725	PROOF OF CLAIM
NOTE: This form should not be used to make a claim for an administrative expense materials. A "request" for payment of an administrative expense materials.	•	
Name of Creditor (The person or other entity to whom the debtor owes money or property):  THE WILDWATER LIM. PART.	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars.	
Name and address where notices should be sent:  ROBERT C. LE POME  10/20 S. EASYERN # 200  HENDERSON, NV 89052	Check box if you have never received any from the bankruptcy court in this case.  Check box if the address differs from the	
Telephone number: (702) 492-127/	on the envelope sent to you the court.	THIS SPACE IS HOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor: 5433	Check here ☐ replaces if this claim ☐ amends a previously file	ed claim, dated:
1. Basis for Claim GENERAL UNSA Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other  NEGLICENCE & FRAUD	Last four digits of your SS #: Unpaid compensation for serv	ation (fill out below)
2. Date debt was incurred: JAN 1, 2005 TO APRIL 12, 2006	3. If court judgment, date obtained	national side and assistant manifest make a male relational side and a constant of the constant and an abuse materials.
Check this box if: a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority.  Unsecured Priority Claim  Check this box if you have an unsecured claim, all or part of wentitled to priority.  Amount entitled to priority \$	a right of Brief Description of Collatera Real Estate Motor Value of Collateral: \$  Amount of arrearage and other char secured claim, if any: \$  Up to \$2,225* of deposits toward pur or services for personal, family, or ho	ges at time case filed included in rehase, lease, or rental of property usehold use - 11 U.S.C.
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debte business, whichever is earlier - 11 U.S.C. § 507(a)(4).  ☐ Contributions to an employee benefit plan - 11 U.S.C. § 507(a)	*Amounts are subject to adjustment on 4/1 with respect to cases commenced on a	1/07 and every 3 years thereafter
5. Total Amount of Claim at Time Case Filed:	\$ 42,884.61	\$ 42,884.61
☐ Check this box if claim includes interest or other charges in additional charges.	lition to the principal amount of the claim. Attac	priority) (Total) th itemized statement of all
<ol> <li>Credits: The amount of all payments on this claim has been making this proof of claim.</li> <li>Supporting Documents: Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contra agreements, and evidence of perfection of lien. DO NOT SEN documents are not available, explain. If the documents are volus.</li> <li>Date-Stamped Copy: To receive an acknowledgment of the file</li> </ol>	ents, such as promissory notes, purchase acts, court judgments, mortgages, security DORIGINAL DOCUMENTS. If the minous, attach a summary.	THIS SPACE IS HOR COURT USE ONLY FILED DEC 0 4 201
Date Sign and print the name and title, if any, of this claim (attach to by of power of attor 12-04-06 Research Research Le Pom E		S USA CMC

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C.

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